

## Examples – Medical/Remedial Expenses

ALLOWABLE FOR ALL ELIGIBILITY GROUPS	ALLOWABLE IN SOME CIRCUMSTANCES
<p>Copayments</p> <p>Dental products and services:</p> <ul style="list-style-type: none"> <li>• Alveoloplasty and stomatoplasty</li> <li>• Bitewing x-rays</li> <li>• drugs</li> <li>• fluoride mouth rinses</li> <li>• panoramic radiographs including bitewings</li> <li>• partial dentures and adjustments</li> <li>• surgical removal of erupted teeth</li> <li>• teeth cleanings not reimbursed by MA</li> <li>• other dental services not covered by MA</li> </ul> <p>Dietary supplies:</p> <ul style="list-style-type: none"> <li>• artificial sweeteners</li> <li>• salt substitutes</li> <li>• sugar substitutes</li> <li>• Dietary supplements: Ensure, Metrecal, Vivonex, etc.</li> </ul> <p>Payments made on outstanding medical bills.</p> <p>Transportation costs (at the federal reimbursement rate) for social, recreational, or medical purposes that MA or Waiver will not cover.</p> <p>Vision products:</p> <ul style="list-style-type: none"> <li>• anti-glare coating</li> <li>• anti-scratch coating</li> <li>• contact lens cleaning supplies</li> <li>• eyeglass lenses and frames, prescription sunglasses, or contact lenses beyond the original pair and one unchanged prescription replacement pair from the same provider in a 12-month period denied through prior authorization by MA.</li> </ul> <p>Long distance phone calls to medical and service providers.</p>	<p>Clothing modification (e.g., Velcro) and certain adaptive clothing purchases.</p> <p>The cost to purchase foods for special diets, e.g., high fiber products, fruit juices, fresh fruits and vegetables, and low sodium/fat microwave meals. (Only the <i>added</i> expense of purchasing special foods is allowable, not what is normally part of the grocery bill.)</p> <p>Home modifications that improve accessibility but are not covered by the waivers – must be customer-specific.</p> <p>Room and board (r/b) expenses for a live-in attendant can be counted under the following circumstances:  <b>For Group B:</b> (1) when the attendant isn't paying for their food or living supplies or (2) when r/b costs exceed the personal maintenance allowance maximum, the different may be counted.</p> <p><b>For Group C:</b> Please note, only certain costs can be counted (e.g., the difference between a 1-bdrm and 2-bdrm apt, 1/2 of monthly phone and utility bill).</p> <p>Water softener (equipment service and salt purchase when skin condition requires soft water).</p> <p>The following items could be categorized as a <b>Medical/Remedial Expense in which case they will be used to reduce the cost share.</b> Any amount beyond what is necessary to eliminate the cost-share may be covered under waivers as a Specialized Medical Supply if deemed necessary by the county:</p> <p>Over the counter medical supplies:</p> <ul style="list-style-type: none"> <li>• alcohol: rubbing, swabs, and antiseptic</li> <li>• antiseptics: Betadine, Iodine, Mecturochrome, etc.</li> <li>• enema administration apparatus</li> <li>• diapers (child under 4)</li> <li>• distilled water used with oxygen</li> <li>• hydrogen peroxide</li> <li>• incontinence pads and briefs (adults)</li> <li>• lemon or glycerin swabs</li> <li>• lubricating jellies: Vaseline, KY Jelly, etc.</li> <li>• non-expendable, reusable materials: bedpans, rubber pants, thermometers, etc.</li> <li>• phosphate enemas</li> <li>• tincture of Benozin</li> <li>• tongue depressors</li> </ul>

## Examples – Medical/Remedial Expenses

ALLOWABLE IN SOME CIRCUMSTANCES	COMMON ERRORS
<p><b>(continued)</b></p> <p>Support and maintenance of trained support dogs</p> <ul style="list-style-type: none"> <li>• dog food, regardless of type or cost</li> <li>• immunizations</li> <li>• veterinary costs</li> <li>• medications prescribed by a veterinarian</li> </ul> <p>Note: The following over-the-counter medical supplies may be considered medical or remedial expenses if they are not covered by MA. The case manager must confirm they are uncovered, since MA may pay for these items with a physician's order:</p> <ul style="list-style-type: none"> <li>• analgesic rubs: Ben Gay, Infrarub, Vicks, Vaporub, etc.</li> <li>• catheters (Foley or condom), catheter sets, and component parts including tubing and urine collection bags</li> <li>• cotton balls and cotton-tipped applicators</li> <li>• dressings: adhesive pads, abdominal pads, gauze pads and rolls, eyepads, stockinette, Opsite, etc.</li> <li>• gloves: latex or vinyl</li> <li>• irrigation solutions, sets, and component parts: sterile water, normal saline, Urologic G</li> <li>• stomas supplies: creams, tapes, gloves, etc.</li> <li>• syringes and needles: disposable and reusable</li> <li>• tracheotomy care sets and suction catheters</li> <li>• tube feeding sets and component parts</li> </ul> <p>Over-the-counter remedies:</p> <ul style="list-style-type: none"> <li>• aspirin or aspirin substitutes</li> <li>• antidiarrheal agents</li> <li>• cold and sinus medications: antihistamines, cough suppressants, etc.</li> <li>• digestive aids</li> <li>• hemorrhoid products</li> <li>• herbal remedies</li> <li>• laxatives and stool softeners</li> <li>• ophthalmic products</li> <li>• quinine sulfate preparations</li> <li>• saliva substitutes</li> <li>• topical steroids, antibiotics, antifungal agents, pediculicides, etc.</li> <li>• vaginal preparations</li> <li>• vitamins/mineral products</li> <li>• other prescribed over-the-counter medications</li> </ul> <p>*The cost of these items may be counted as medical/remedial deductions up to an amount equal to the cost share, effectively eliminating the cost share. Medical supplies are now covered by the Waiver program. Any purchase of these items <i>beyond the amount needed to eliminate a cost share</i> should be funded by the Waiver, if deemed necessary by the county.</p>	<p>The following items are not allowable:</p> <p><b>Home-related costs:</b></p> <ul style="list-style-type: none"> <li>• homeowner's or renter's insurance</li> <li>• property taxes</li> <li>• telephone service (unless required for PERS)</li> </ul> <p><b>Life insurance.</b></p> <p><b>Private insurance or Veteran's Administration services (for Group C participant).</b></p> <p><b>Vehicle-related costs:</b></p> <ul style="list-style-type: none"> <li>• adaptations costs</li> <li>• driver's license renewal fee</li> <li>• insurance</li> <li>• loan payments</li> <li>• maintenance costs: repair, gas, oil, etc.</li> <li>• registration and title fee</li> </ul> <p><b>Services funded by the Waiver (e.g., Meals on Wheels).</b></p> <p><b>Room and Board expenses.</b></p> <p><b>Congregate meal donations.</b></p> <p><b>Annual membership dues to support groups where the member only receives a newsletter/information.</b></p>